PTO/SB/21 (09-04) MODIFIED

| OFE TRANSMITTAL<br>DEC 27 2005 FORM   |  | Application Number:   | 09/782,672                                  |   |  |  |  |  |
|---|--|---|---|---|--|--|--|--|
|   |  | Filing Date:  | 01/12/01                                    |   |  |  |  |  |
|   |  | First Named Inventor:   | Brent Iverson                               |   |  |  |  |  |
|   |  | Art Unit:   | 1641  |   |  |  |  |  |
|   |  | Examiner Name:  | Pensee T. Do                                |   |  |  |  |  |
| otal Number of Lages in this Submission:  |  | Attorney Docket Number:   | MXGN:005USC1                                |   |  |  |  |  |
| ENCLOSURES (check all that apply)   |  |   |   |   |  |  |  |  |
| Fee Transmittal Form  | Dr   | awings(s)   |   | After Allo  | wance Communication to TC                  |  |  |  |
| Fee Attached  | Lie  | censing-related Papers  |   | Appeal Communication to Board of  |  |  |  |  |
| Amendment/Reply   |  | tition  |   | Appeals and Interferences   |  |  |  |  |
| After Final   |  | etition to Convert to a Provisional   |   | Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)                                  |  |  |  |  |
| Affidavits/declaration(s)   | , <u> </u>   |   |   |   |  |  |  |  |
| Extension of Time Request   | pplication   |   | Proprietary Information                     |   |  |  |  |  |
| Express Abandonment Reque   | wer of Attorney, Revocation,<br>hange of Correspondence              |   | Status Letter                               |   |  |  |  |  |
| Information Disclosure  |  | ddress  |   | Other Encl  | Other Enclosure(s) (please identify below) |  |  |  |
| Statement   | Statement under 37 CFR §3.73(b)  Designation of Patent Practitioners |   | Check in the amount of \$510.00             |   |  |  |  |  |
| Form PTO-1449   | Designation of Fateut Fractitioners                                  |   | Authorized to be charged to deposit account |   |  |  |  |  |
| References Ter  |  | rminal Disclaimer   |   | if check insufficient or inadvertently omitted Deposit account number: 50-1212/MXGN:005USC1/SLH |  |  |  |  |
| Certified Copy of Priority  |  | annat for Dofund  |   |   |  |  |  |  |
| Documents   |  | equest for Refund   |   | Sequence Statement  |  |  |  |  |
|   |  | CD, Number CD(s)  |   | _ = :   | Paper Copy of Sequence Listing             |  |  |  |
| Reply to Missing Parts/ Incomplete Application  |  | Landscape Table on CD   |   |   | Computer Readable Form (CRF)               |  |  |  |
| Reply to Missing  |  |   |   | Nostcard  |  |  |  |  |
| Parts/Requirements  | Domai  | Daniel III I I I I I I I I I I I I I I I I I  |   |   |  |  |  |  |
| Declaration(s)  |  | Remarks: If the check is inadvertently omitted or additional fees under 37 C.F.R. §§ 1.16 to 1.21 are required for any reason relating to the |   |   |  |  |  |  |
| Copy of Notice of Missing and a conditional control of the Commissioner is authorized to deduct said fees   |  |   |   |   |  |  |  |  |
| Parts/Requirements  Fulbright & Jaworski L. L. P. Account No.: 50-1212/MXGN:005USC1/SLH.  |  |   |   |   |  |  |  |  |
| ſ\.   |  | RE OF APPLICANT, ATTOR  |   |   |  |  |  |  |
| Firm Name Fulbright & Jaw   |  |   |   | Customer Numbe  | er 32425                                   |  |  |  |
| Signature   |  |   |   |   |  |  |  |  |
| <b>A</b>  |  |   |   |   |  |  |  |  |
| Date December 22/2  |  |   |   |   |  |  |  |  |
| 2   |  |   |   |   |  |  |  |  |
|   | CERT   | IFICATE OF TRANSMISSIO  | N/MA  | AILING  |  |  |  |  |
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: MS Amenument, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: |  |   |   |   |  |  |  |  |
| Signature   | $\mathcal{K}$  |   |   | <del></del>   |  |  |  |  |
| Typed or Printed Name Steven L. I   |  | ghlander  |   | Date  | December 22, 2005                          |  |  |  |

PTO/SB/22 (12-04)

Approved for use through 07/31/2006. OMB 0651-0031

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| PETITION FOR EXTENSION OF TIME UNDER 3  | Docket Number (Optional) |                         |           |  |  |  |  |
|---|--------------------------|-------------------------|-----------|--|--|--|--|
| FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2)   | MXGN:005USC1             |                         |           |  |  |  |  |
| Application Number 09/782,672   | 7,1                      | Filed February 12,      | 2001      |  |  |  |  |
| For Directed Evolution of Enzymes and Antibodies  | ,,,,                     |                         | <u> </u>  |  |  |  |  |
| Art Unit 1641   | Examiner Pensee T. Do    |                         |           |  |  |  |  |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  |                          |                         |           |  |  |  |  |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |                          |                         |           |  |  |  |  |
|   | <u>Fee</u>               | <b>Small Entity Fee</b> |           |  |  |  |  |
| One month (37 CFR 1.17(a)(1))   | \$120                    | \$60                    | \$        |  |  |  |  |
| Two months (37 CFR 1.17(a)(2))  | \$450                    | \$225                   | \$        |  |  |  |  |
| Three months (37 CFR 1.17(a)(3))  | \$1020                   | \$510                   | \$ 510.00 |  |  |  |  |
| Four months (37 CFR 1.17(a)(4))   | \$1590                   | \$795                   | \$        |  |  |  |  |
| Five months (37 CFR 1.17(a)(5))   | \$2160                   | \$1080                  | \$        |  |  |  |  |
| Applicant claims small entity status. See 37 CFR 1.27.  |                          |                         |           |  |  |  |  |
| A check in the amount of the fee is enclosed.   |                          |                         |           |  |  |  |  |
| Payment by credit card. Form PTO-2038 is attached.  |                          |                         |           |  |  |  |  |
| The Director has already been authorized to charge fees in this application to a Deposit Account.   |                          |                         |           |  |  |  |  |
| The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to   |                          |                         |           |  |  |  |  |
| Deposit Account Number MXGN:005USC1/SLH . I have enclosed a duplicate copy of this sheet.   |                          |                         |           |  |  |  |  |
| WARNING: Information on this form may become public. Credit card information should not be included on this form.  Provide credit card information and authorization on PTO-2038.                     |                          |                         |           |  |  |  |  |
|   |                          |                         |           |  |  |  |  |
| I am the applicant/inventor.  |                          |                         |           |  |  |  |  |
| assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).  |                          |                         |           |  |  |  |  |
| attorney or agent of record. Registration Number 37,642   |                          |                         |           |  |  |  |  |
| attorney or agent under 37 CFR 1.34.  Registration number if acting under 37 CFR 1.34   |                          |                         |           |  |  |  |  |
| Registration number if acting under   | 37 OF IC 1.34            | 40/00/05                |           |  |  |  |  |
| Signature   | 12/22/05<br>Date         |                         |           |  |  |  |  |
| Steven L. Highlander  | 512-536-3184             |                         |           |  |  |  |  |
| Typed or printed name   | Telephone Number         |                         |           |  |  |  |  |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. |                          |                         |           |  |  |  |  |
| Total of forms are submitted.   |                          |                         |           |  |  |  |  |

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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